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DATE: January 26, 2009

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TO: Examiner Alvin J. Stewart, Group Art Unit 3774  
COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300  
PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333  
FAX NUMBER: (317) 636-1507

RE: Notice of Appeal for U.S. Patent Application No. 10/648,056 to Jeff R. Justis et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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KRIEG DEVAULT LLP

ONE INDIANA SQUARE

SUITE 2800

INDIANAPOLIS, IN 46204

TELEPHONE-(317) 636-

4341

FAX-(317) 636-1507

KRIEG DEVAULT LLP

12800 N MERIDIAN STREET

SUITE 300

CARMEL, IN 46032

TELEPHONE-(317) 566-

1110

FAX-(317) 636-1507

KRIEG DEVAULT GALVIN

LLP

5231 HOHMAN STREET

HAMMOND, IN 46320

TELEPHONE-(219) 933-

0380 FAX-(219) 933-0471

KRIEG DEVAULT LUNDY

LLP

825 ANTHONY WAYNE

BUILDING

203 EAST BERRY STREET

Ft. WAYNE, IN 46802

TELEPHONE-(260) 422-

1534

FAX-(260) 423-1590

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PTO/SB/21 (04-07)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	10/648,056
	Filing Date	August 26, 2003
	First Named Inventor	Jeff R. Justis et al.
	Art Unit	3774
	Examiner Name	Alvin J. Stewart
Total Number of Pages in This Submission	MSDI-77/PC753.00	

## ENCLOSURES (Check all that apply)

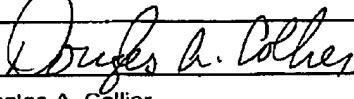
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below:  <b>Fax Cover Sheet; Pre-Appeal Brief Request for Review (PTO/SB/33)</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg Devault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	January 26, 2009	Reg. No.	43,556

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Douglas A. Collier		Date
			January 26, 2009

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1030.00

**Complete If Known**

Application Number	10/648,056
Filing Date	August 26, 2003
First Named Inventor	Jeff R. Justis et al.
Examiner Name	Alvin J. Stewart
Art Unit	3774
Attorney Docket No.	MSDI-77/PC753.00

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault Lundy

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=	0.00	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0.00		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0.00

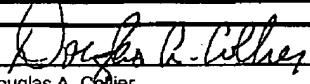
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal (\$540); 2 Mo. Extension of Time (\$490)

1030.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 43,556	Telephone (317) 238-6333
Name (Print/Type)	Douglas A. Collier		Date January 26, 2009

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